

The effect of oral caffeine intake on the perceived wakefulness in ADHD patients

Scientific Writing Exercise

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1 **Summary**

2 The paradoxon that caffeine has no effect or even decreases wakefulness is
3 commonly described by Attention Deficit Hyperactivity Disorder (ADHD) patients
4 as well as some healthy individuals. Paradoxical effects of caffeine in disor-
5 ders of the dopaminergic / noradrenergic systems, like ADHD, may hint at non-
6 stimulatory interactions of caffeine in these systems or adjacent neuronal path-
7 ways. We found a statistically significant difference in the effect of caffeine in-
8 take on the perceived wakefulness of ADHD patients and healthy individuals
9 using a double-blind placebo-controlled trial, showing no mean increase in per-
10 ceived wakefulness for ADHD patients. These findings lay the ground work for
11 molecular investigations into the interactions of caffeine and the dopaminergic
12 / noradrenergic systems, especially in disorders involving these neuronal path-
13 ways, and may even contribute to further our understanding of the biochemical
14 basis of these disorders on a neurological level.

15 Introduction

16 ADHD is one of the most widespread neurodevelopmental disorders worldwide.
17 (Abdelnour et al., 2022-09/2022-10) The current hypothesis for the neurobio-
18 chemical basis of ADHD is a dysregulation of the dopamine / noradrenalin levels
19 in certain brain regions like the prefrontal cortex, leading to executive dysfunction
20 and other associated symptoms. (Purper-Ouakil et al., 2011) This is where the
21 first-line treatment option of stimulant medication take effect by increasing the
22 levels of the affected neurotransmitters to physiological normal levels. (Mechler
23 et al., 2022)

24 Caffeine is the most widely consumed psychoactive drug worldwide and belongs,
25 just like most ADHD medication, to the category of stimulants. (Ferré, 2013) This
26 leads to many ADHD patients as well as individuals with undiagnosed ADHD to
27 self-medicate with caffeine, as it has an overlapping effect spectrum with com-
28 monly prescribed ADHD medication. (Ágoston et al., 2022)

29 Paradoxically many ADHD patients (some healthy individuals as well) experi-
30 ence no increased wakefulness or even a tiring effect of caffeine. (“Why Does
31 Coffee Make You Tired?” 2021) However, these paradoxical effects of caffeine
32 in individuals with ADHD remain poorly understood and could not be proven until
33 now. Here we show, using a randomized double-blind placebo-controlled trial,
34 that ADHD patients do not show statistically significant increased alertness from

35 caffeine consumption, while healthy individuals do. These findings will help un-
36 derstand the neurobiochemical basis of ADHD and further our understanding on
37 why and how stimulant medication can be used to alleviate ADHD symptoms.

38 **Methods**

39 *Participants*

40 All participants in the ADHD cohort were ADHD patients randomly recruited from
41 the “Zentrum für Integrative Psychiatrie” (ZIP) at the Universität zu Lübeck. The
42 control cohort was sourced by picking random individuals from the population
43 registry of Lübeck – making sure they were not diagnosed with ADHD or other
44 psychiatric conditions. Pregnant people were excluded from the study. It was
45 made sure that the age and gender composition of the control group did not
46 deviate more than 5 % from the ADHD group, before commencing with the trial.
47 Both groups (Caffeine, Placebo) consisted of 12 individuals, 6 individuals from
48 the ADHD cohort and 6 individuals from the control cohort – age- and gender-
49 matched to a maximum of 5 % deviation.

50 *Trial preparation*

51 Before administration of caffeine or placebo, a baseline wakefulness level was
52 established for each individual. For this, three reaction time tests were per-
53 formed sequentially using a visual reaction time test device developed by Seidle
54 Et al. after the participant subjectively self-assessed to be at their usual full wake-
55 fulness and alertness (100 %) in a timeframe of at most two hours after waking
56 up in the morning. (Seidle et al., 2018) This serves as proxy data for wake-
57 fulness, that is less subjective than the self-assessment. Afterwards the mean

58 reaction time was recorded for each participant. Establishing the baseline wake-
59 fulness level did not take place on the same day as administration of caffeine or
60 placebo.

61 *Administration of caffeine or placebo*

62 One hour after waking up in the morning, it was made sure, that all participants
63 were feeling well rested and in an overall good physical and psychological con-
64 dition. Ninety minutes after waking up, the participants in the caffeine group
65 were administered caffeine orally onto an empty stomach in form of a cup of
66 caffeinated coffee (300 ml) containing 30 mg of caffeine. The participants in the
67 placebo group were administered a cup of decaffeinated coffee (300 ml) onto
68 an empty stomach ninety minutes after waking up.

69 *Wakefulness assessment*

70 The wakefulness was assessed one hour after administration of caffeine or
71 placebo. First a subjective self-assessment of each participants wakefulness on
72 a scale from 0% (= Sleeping) to 150% (= Hyper-alert) was recorded. Afterwards
73 three sequential visual reaction time tests were performed, as described in the
74 section “Trial preparation”, and the mean reaction time recorded. (Seidle et al.,
75 2018)

76 *Calculation of perceived wakefulness*

77 After the trial was completed, the perceived wakefulness score (%) for each
78 participant was calculated. For this the formula in Equation 1 was used.

$$\hat{W} = \frac{W' + \min((1 + \frac{\bar{t}_n - \bar{t}'}{\bar{t}_n}) * 100\%, 150\%)}{2} \quad (1)$$

79 Here \hat{W} stands for the calculated perceived wakefulness level based on the
80 self-assessed wakefulness level W' after the trial and scaled reaction time dif-
81 ference between the mean normal alert reaction time \bar{t}_n and the mean reaction
82 time after the trial \bar{t}' weighted equally.

83 Results

84 To investigate a possible correlation between the neurobiochemistry of ADHD
85 and the effect of caffeine on perceived wakefulness, we recruited twelve
86 healthy individuals and twelve individuals diagnosed with ADHD. Both groups
87 were equally split into a group that was administered 30 mg of caffeine in the
88 form of coffee and a group that was given the same amount of decaffeinated
89 coffee, minimizing the possible effects of other compounds on our measured
90 parameter.

91 Interestingly, our measurements revealed a significant correlation between caf-
92 feine intake and perceived wakefulness in healthy individuals (average increase
93 of 30 %, $p = 0.005$) while not showing any significant differences for the group
94 of ADHD patients (no increase / decrease, $p = 0.81$) as shown in Figure 1.
95 This has also been corroborated by previous studies. (Leon, 2000)

96 In summary, we found that neurotypical individuals display a significant stimula-
97 tory response in wakefulness and alertness to oral caffeine consumption while
98 individuals with ADHD did not show signs of increased wakefulness after admin-
99 istration of 30 mg of caffeine.

100 Discussion

101 We aimed to investigate the effect of caffeine on wakefulness and alertness in
102 ADHD patients. Our acquired data shows a clear difference in the effect of caf-
103 feine on wakefulness between healthy individuals and ADHD patients – having
104 little to no waking effect on ADHD patients.

105 Why is caffeine's wakefulness-promoting effect severely decreased in individu-
106 als with ADHD – in some cases even paradoxically reversed? In our trial we
107 observed that wakefulness increased significantly upon ingestion of caffeine in
108 healthy individuals while having little to no effect in ADHD patients. This sug-
109 gests that caffeine is exerting its effects in brain regions affected by the develop-
110 mental imbalances causing ADHD and/or an important interaction between caf-
111 feine and the neurotransmitters dopamine and noradrenalin. A possible cause
112 for the paradoxical effects of caffeine in ADHD is that the stimulating effect of caf-
113 feine decreases the neurotransmitter imbalance present in ADHD by indirectly
114 influencing dopamine and noradrenalin release, decreasing self-stimulating be-
115 haviour like racing thoughts or hyperactivity, promoting calmness and as a result
116 tiredness. (Fiani et al., n.d.) (Perrotte et al., 2023) This however, could be useful
117 for treating the symptoms of ADHD. Even though the effect of caffeine may ap-
118 pear paradoxical from an outside perspective; caffeine still exerts its stimulating
119 effects on ADHD patients, that are chronically under-stimulated – in a neurobio-

120 chemical sense. The stimulating effects may simply present differently in ADHD
121 patients and the calming effects could be desired, making it easier to concentrate
122 on tasks and avoid distraction. (Perrotte et al., 2023)

123 In general our findings suggest that caffeine's awakening effects are drastically
124 reduced in ADHD patients and sometimes even reversed, making caffeine less
125 applicable as a drug to reduce tiredness and fatigue. However, the seemingly
126 paradoxical effects of caffeine in ADHD may hint at beneficial underlying effects
127 on the dopaminergic / noradrenergic neuronal pathways, that are prime targets
128 for further research.

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133 **Declaration of Interests**

134 The authors declare no competing interests.

135 **Author Contributions**

136 Conceptualization, T.N.; Methodology, T.N.; Formal Analysis, T.N.; Investigation,
137 T.N.; Writing – Original Draft, T.N.; Writing – Review & Editing, T.N.; Project
138 Administration, T.N.; Funding Acquisition, T.N.

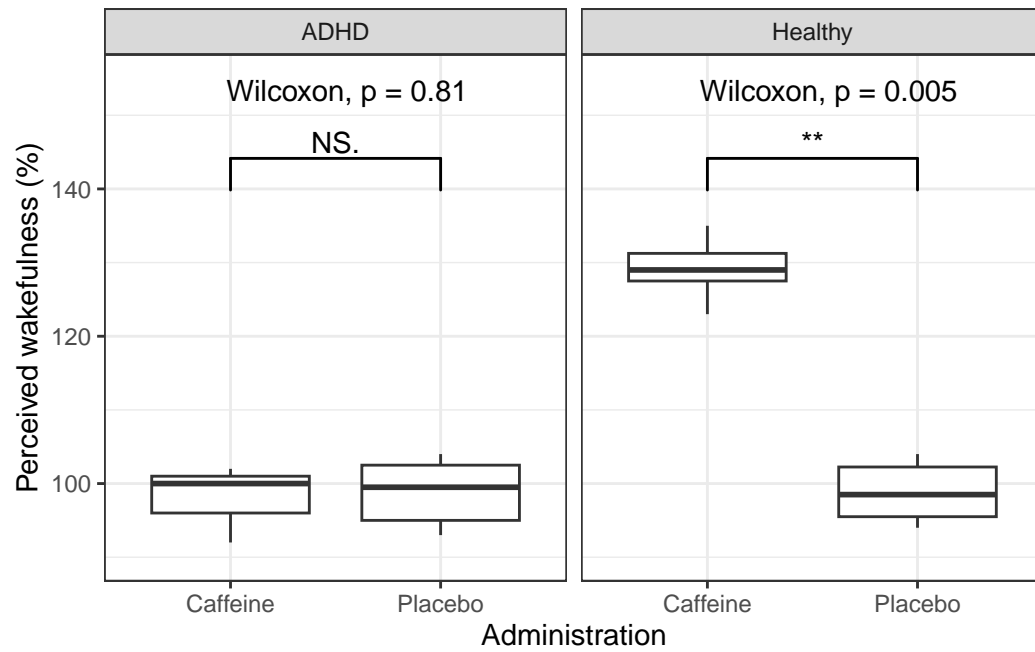


Figure 1: Caffeine's impact on wakefulness in ADHD patients vs. healthy individuals

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171 **Figure Legends**

172 *Figure 1*

173 Effect of oral caffeine intake on the perceived wakefulness of healthy individuals
174 and ADHD patients. Caffeine group was administered 30 mg of caffeine in form
175 of coffee. Placebo group was administered decaffeinated coffee. 100% per-
176 ceived wakefulness corresponds to normal wake alertness. Twelve individuals
177 in each health status group. Six individuals per application. NS. = Not significant
178 ($P > 0.05$); ** = Significant ($P \leq 0.01$)